PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	August 6, 2001
First Named Inventor	DIETZSCHOLD, Bernard
Group Art Unit	
Examiner Name	
Attorney Docket Number	DIE01-NP002

l hereby appoi	nt:			
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Practitione	er(s) named below:			
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as my/our attorn	ney(s) or agent(s) to prosecu	ute the application is	dentified above,	and to transact all
business in the	United States Patent and Tr	rademark Office cor	nected therewit	th.
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Country				
Telephone			Fax	
I am the:				
Applican	t/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	SIGNATURE of	Applicant or Assign	ee of Record	
Name	Alan B. Kelly, University	- ,,		
Signature	fm			
Date	August 6, 2001			
NOTE: Signatures of all	I the inventors or assignees of recosignature is required, see below*.	ord of the entire interest	or their representat	ive(s) are required. Submit multiple
☑ *Total of 1	forms are submitted.			

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named in	ventor(s), I/we declare that:				
This declaration is direc	ted to:				
$oxed{X}$	The attached application, or				
	Application No	, filed on,			
	as amended on	(if applicable);			
I/we believe that I/we a which a patent is sough		ntor(s) of the subject matter which is claimed and for			
	nd understand the contents of the dent specifically referred to about	e above-identified application, including the claims, as pove;			
to me/us to be materi became available betw	ial to patentability as defined	ates Patent and Trademark Office all information known in 37 CFR 1.56, including material information which application and the National or PCT International filing and			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVE	NTOR(S)				
Inventor one: Bernh	ard Dietzschold				
Signature: &M	Clapour	Citizen of: United States			
Inventor two: Matth	nias J. Schnell				
Signature:	Mull	Citizen of: Germany			
Inventor three:					
Signature:		Citizen of:			
Inventor four:					
Signature:		Citizen of:			

Additional inventors are being named on _____additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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First Named Inventor	DIETZSCHOLD, Bernard
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Examiner Name	
Attorney Docket Number	DIE01-NP002

Practitioners at Customer Number 24358 Practitioner(s) named below: Name	l hereby appoi	int:				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Matthias J. Schnell Signature Date August 6, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	OR		24358			Number Bar Code
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EST Applical	nt/Invento	or.					
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		SIGNATURE of A	Applicant or Assign	nee of	Record		
Name	Bernha	rd Dietzschold					
Signature	Rel	/ Clif	Olu				
Date		6, 2001	<i></i>				
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